STRUCTURES DEREK INTERNATIONAL S.A.

Employer's report of injury

	A TO THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED AND ADDR	
PROJECT NAME:	IRS Sensce Cdr.	
EMPLOYEE INFO	RMATION	
NAME (b) (b (ADDRESS: (b) (6)		_a (b) (6)
ADDRESS: (6)		
LOSS INFORMATI	NC	
DATE OF LOSS TIME EMPLOYEE BEGAN TIME OF LOSS DATE EMPLOYER NOTIF LAST DAY WORKED DATE RETURNED TO WO DATE DISABILITY BEGAN INJURY / EXPOSUR Vature of Injury and Descri		10
ody part and Description:	enge (
ause of Injury and Descript white holding it leed got! onto Laboure as the injury / exposure fata	helding leed & - caught under whee feeder punching	Pulling hand down and cutting linger

LOSS DETAIL INFORMATION
Describe accident - give sequence of events
while holding welding cable &traveling with scissor lift cable got caught under wheel pulling bend down anto LNDS wire feeder Finching & cutting left ring finger
anto [N)25 were feeder Duchus & certine left rine fine of
Describe object that directly caused the accident welding cable & scissor 1. ft
Describe equipment, materials or chemicals in use at the time Scissor I. St.
Describe work process employee was engaged in at time of accident
Describe what employee was doing when injured Trausling in Scissor 1. ft
Were safeguards / safety equipment provided? Were they used?
INITIAL TREATMENT / WITNESS INFORMATION
Laceration closed with stitches
(b) (6)
Witness Name and Telephone:
Any comments

COLUMBIA Construction Company

INCIDENT REPORT

TIME of Incident: Location of Incident: Subcontractor	Time of Incident:	1/25/	/	oject Name ar	\. \ \ D	ant
Subcontractor Indident	[1] [1] [1] [1] [1] [2] [2] [3] [3] [3] [3] [4] [4] [4] [4] [4] [4] [4] [4] [4] [4			TK2 Wag	emization Proj	
Were photographs taken? NO Were photographs taken? NO Struck Against Fall to different Level Physical Against (Noise, radiation, etc.) Thert (Vandalism Vehicle/Equipment Skin kritant Mother (please describe below): Were photographs taken? NO Thert (Vandalism Vehicle/Equipment Skin kritant Mother (please describe below): Were the vehicle/Equipment Wear Hit Warr						
Struck Against			808E 2			Were photographs taken? N/A
Struck 89 Fall to different Level Physical Agents (Noise, radiation, etc.) ThetWandallam Velicle/Equipment Respiratory Contact with Electrical Current Velicle/Equipment Noar Hat Velicle/Equipment Noar Velicle/Equipment Noar Velicle/Equipment Noar No	Active areas in the second of		no loval	7 Evococura to	Evtreme Heat or Cold	
Caught Between Respiratory Contact with Electrical Current Vehicle/Equipment Sprain/Strain Skin Irritant Other (please describe below): Near Hit Cut to pointer finger on left hand Cut to pointer finger on left hand Name of Injured: Occupation: Employer: H 1 Name of Injured: No Sex Male DOB: Female 9/27 87 Supervisor Name: Lost Time?: Yes No Fatality?: No Yes Die PROPERTY DAMAGE Accident Location: Date Reported: Describe Property Damaged / Lost / Stolen: Date Reported: Describe Property Damaged / Lost / Stolen: Source / Object Inflicting Damage: Describe Property Damaged / Lost / Stolen: Date Reported: Date Reported: Date Report		to a distribution of the second	*****			
Sprain/Strain Skin Irritant Other (please describe below): Near Hit Cut to pointer frager on left hand INJURY Name of Injured: Occupation: A1 Sex Maile D.O.B. Female 9/27 8.7 Female Pointer Property Female Pointer Pointer Female Point	3 300000			☐ Vehicle/Equipment		
Nature of Damage / Loss: Describe Property Damaged / Lost / Stolen: Date Reported: Date Reported: Date Reported: Date Repor	(<u>- 10</u>)	Skin Irritar	nt 🔯	J Other (pleas	e describe below):	Near Hit
Nature of Damage / Loss: Describe Property Damaged / Lost / Stolen: Source / Object Inflicting Damage: Date Reported:	Cut to point	rer finger	on left	hand		
Sex Male DOB: Supervisor Name: Do B: Pemale 9/27 87 Supervisor Name: Do B: Pemale 9/27 87 Supervisor Name: Do B: Pemale 9/27 87 Supervisor Name: Date Reported: Date Rep	Commission of the Commission o					
Sex Male DOB: 9/27 87 Supervisor Name: Dobbet Female 9/27 87 Supervisor Name: Sex Male Property Damage Date Reported:	Name of Injured:		The second second		100 0000 1000	
Female 9/37 87 Supervisor Name:	(b) (6)					(3)
The state of Damage / Loss: Describe Property Damaged / Lost / Stolen: Date Reported: Date Reported			hannes.		9/27/87	Supervisor Name:
PROPERTY DAMAGE Accident Location: Describe Property Damaged / Lost / Stolen: Nature of Damage / Loss: Source / Object Inflicting Damage: DESCRIPTION - Describe what happened (who, what, where, when, and how) DESCRIPTION - Describe what happened (who, what, where, when, and how) Describe Property Damaged / Loss: Source / Object Inflicting Damage: Describe Property Damaged / Loss: Source / Object Inflicting Damage: Date Reported: Source / Object Inflicting Damage: Date Reported: Date Reported	lost Time? Yes	NO No	1-4-1			
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What Were the Job Factors, Unsafe Conditions, or Unsafe Practices That Contributed to the Incident: 3 stricks needed to classes demo de has Severity Potential: Major Serious Minor Reasons for recurrence: CORRECTION - Describe Steps Taken to Prevent Future Incidents / Losses	it out of h	is hand.	al the	irinder.	from hitting an	y part of his body. In
What Were the Job Factors, Unsafe Conditions, or Unsafe Practices That Contributed to the Incidential 3 stricks needed to a wound * Severity Potential: Major Serious Minor Reasons for recurrence: CORRECTION - Describe Steps Taken to Prevent Future Incidents / Losses	he reached	to contr	ol the a	rinder.	from hitting an	y part of his body. In
Severity Potential: Major Serious Minor Reasons for recurrence: CORRECTION - Describe Steps Taken to Prevent Future Incidents / Losses	doing so IT	Came III+	o contac	T WILL	from hilling an his finger. Gl	y part of his body. In over were worn at the time
Severity Potential: Major Serious Minor Reasons for recurrence: CORRECTION - Describe Steps Taken to Prevent Future Incidents / Losses	EVALUATION	List all cause	es of accident	/ loss	(1) Auger. Gi	ONES DETE MOSTILIATINE TIME
Major Serious Minor Reasons for recurrence: CORRECTION - Describe Steps Taken to Prevent Future Incidents / Losses	EVALUATION What Were the Job Fac	List all cause ctors, Unsafe Co	es of accident	/ loss	(1) Auger. Gi	identify 3 strikches needed to close
Major Serious Minor Reasons for recurrence: CORRECTION - Describe Steps Taken to Prevent Future Incidents / Losses	EVALUATION What Were the Job Fac	List all cause ctors, Unsafe Co	es of accident	/ loss	(1) Auger. Gi	identify 3 strikches needed to close
Reasons for recurrence: CORRECTION - Describe Steps Taken to Prevent Future Incidents / Losses	EVALUATION What Were the Job Factors & demo	List all cause ctors, Unsafe Co	es of accident	/ loss	(1) Auger. Gi	identify 3 strikches needed to close
CORRECTION - Describe Steps Taken to Prevent Future Incidents / Losses	EVALUATION What Were the Job Factority Potential:	List all cause ctors, Unsafe Co de bas	es of accident	/ loss	(1) Auger. Gi	identify 3 strikches needed to close
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Endower And Andrews and Control of the Control of t	EVALUATION What Were the Job Factority Potential:	List all cause ctors, Unsafe Co de bas	es of accident	/ loss safe Practices	That Contributed to the Inc	identify 3 strikches needed to close
Make sure demo debris is stable at all times or disposed of immediate	What Were the Job Factors & Cose & Co	List all cause ctors, Unsafe Co	es of accident	/ loss safe Practices	s That Contributed to the Inc	identify 3 strikches needed to close
	EVALUATION What Were the Job Factors of the Amore Amo	List all cause ctors, Unsafe Co	es of accident onditions, or United Reps Taken to F	/ loss safe Practices easons for rec	That Contributed to the Incourrence:	identiff 3 stritches needed to close wound **
	EVALUATION What Were the Job Factors of the Amore Amo	List all cause ctors, Unsafe Co	es of accident onditions, or United Reps Taken to F	/ loss safe Practices easons for rec	That Contributed to the Incourrence:	identiff 3 stritches needed to close wound **
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	EVALUATION What Were the Job Factors of the Amore Amo	List all cause ctors, Unsafe Co	es of accident onditions, or United Reps Taken to F	/ loss safe Practices easons for rec	That Contributed to the Incourrence:	identiff 3 stritches needed to close wound **
	EVALUATION What Were the Job Factors of the Amore Amo	List all cause ctors, Unsafe Co	es of accident onditions, or United Reps Taken to F	/ loss safe Practices easons for rec	That Contributed to the Incourrence:	identiff 3 stritches needed to close wound **
Prepared By: Sig. (b) (6)	EVALUATION What Were the Job Factors of the Major Serious CORRECTION -	List all cause ctors, Unsafe Co	es of accident onditions, or United States of Accident on Property of the Prop	/ loss safe Practices easons for rec	That Contributed to the Incourrence:	identiff 3 stritches needed to close wound **
Sean Etzgerald 6/26/12	EVALUATION What Were the Job Factors Loose demo Severity Potential: Major Serious CORRECTION -	List all cause ctors, Unsafe Co	es of accident onditions, or United States of Accident on Property of the Prop	/ loss safe Practices easons for rec	That Contributed to the Incourrence:	disposed of immediately.

COLUMBIA Construction Company

INCIDENT REPORT

Project Number:	Date of Incident:		Project Name and Address:			
1366	05/27/2010		IRS Modernization Project 310 Lowell		ell Street Andover, Ma	
Time of Incident:	Location of Incide	ent:			Columbia Incident	
1:45pm	Inside phase 1. Exact location unknown at this time.			Subcontractor Incident		
INCIDENT TYP	PE				Were photographs taken?	
Struck Against	Fall on same lev	vel	Exposure to	Extreme Heat or Cold	Fire	
Struck By	Fall to different	Level	Contact with Electrical Current		☐ Theft/Vandalism	
Caught Between	Respiratory				☐ Vehicle/Equipment	
Sprain/Strain	Skin Irritant Other (please describe below):		Near Hit			
Cut to the ring finge	er on the left hand					
INJURY						
Committee of the contract of t				Fundance	Employer Address and Telephone #:	
(b) (6)	Occupation		n: Employer: Structures Derek		185 rue St-Antoine	
		inworker ex: ☑ Ma		D O B:	Sainte-Marie, Bce, Qc Canada G6E 4B6	
	36	-	ane emale	(b) (6)	Supervisor Name:	
ost Time?: 🛂 Yes	No	Fatality?:	✓ No	Yes	(b) (6)	
PROPERTY DA	and the second second second second second second					
THE STATE OF THE S	MAGL				Date Reported:	
Accident Location:					Date Reported.	
The following is an acco	unt of what happened a	as describe	d to me by the S	where, when, and how) structures Derek Foremai life or lift while holding his well hand to slide back into the		
EVALUATION	List all causes o	of accide	nt / loss			
				es That Contributed to the I	ncident:	
	ed this accident. Had t	the alleged	injured party dis		or to traveting in the scissor lift the alleged	
Severity Potential:						
Major Serious	Minor					
			Reasons for re	ecurrence:		
CORRECTION	 Describe Steps 	Taken to	Prevent Fut	ure Incidents / Losses		
n future all equipment,	cords, etc. should be di	isconnected	d prior to moving	the scissor lift in a horizontal r	notion.	

COLUMBIA Construction Company

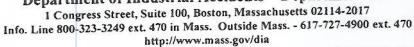
INCIDENT REPORT

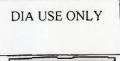
Project Number.	Date of Incident	Project Name and	f Address:		
1366	3-18-10	エ	R5 310	しのいけん	- ST ANDOVEK
Time of Incident:	Location of Incident SECTOR A	CANON	PY AKEA	1	olumbia Incident ubcontractor Incident
INCIDENT TYPE	March St. March				Were photographs taken?
Struck Against Struck By Caught Between Sprain/Strain	Fall on same level Fall to Different Leve Respiratory Skin Irritant			١Ę٧	Fire Theft/Vandalism /ehide/Equipment Near Hit
ÍNUURÝ.	September 1		is Mayor		Talahan #
Name of injured: (b) (6) So q	Sex: N	n: PBKTBK fale emale	Employer: DB CONTRO D.O.B:	ACTOKS 2	loyer Address and Telephone #: 290 FOX AVE (11-799-55 DEACUT MA 0 824 envisor Name:
Lost Time?: Yes	No Fatality?		No	(<mark>(b)</mark>	(6)
PROPERTY DAM	MAGE		有情况		
Accident Location:				Date	Reported: 3-18-10
Describe Property Dam		Source / Object In	officting Damage:		
Nature of Damage / Los	S:	Source / Object ii	mineurity Damage.		
DESCRIPTION -	Describe What happened (who, what, where,	when, and how		Were any sketches made?
discharge	leaning Ram of the gun. the gun pur				ecidently
EVALUATIONS	List all eaus ssor suicade tors, Unsafe Conditions, or U	at/Hoss			19 18
					e qun prior to-eleaning
Seve rity Potential: Major Serious Have Similar A ccidents Occurred Before7:	/ Los ses	Re currence Poter Ukely Reas ons for recu	Occasional	Unlikely	
CORRECTION	Describe Steps Taken to R	yeventiFuture incld	enis / tosse / Cara s		
P.(b) (6)	(b) (6)	A		Date	3-19-10

FORM 101

The Commonwealth of Massachusetts

Department of Industrial Accidents - Department 101





Print Form

EMPLOYER'S FIRST REPORT OF INJURY OR FATALITY

THIS FORM MUST BE FILED BY THE <u>EMPLOYER</u> IN THE EVENT OF AN INJURY THAT RESULTS IN DEATH OR FIVE OR MORE CALENDAR DAYS OF TOTAL OR PARTIAL INCAPACITY FROM EARNING WAGES.

INSTRUCTIONS AND CODES ON THE REVERSE SIDE - Please Print Legibly or Type - Unreadable forms will be returned.

	Indiano di Constanti di Constan			
E M	I. Employee's Name (Last, First, MI): (b) (6)	2. Home Telephone N	lumber: 3. Social Sec	urity Number*: 4. Sex:
P	5. Home Address (No. Street City State & Zin Code):	51	a. Native Language Code	6. Marital Status: 7. No. of Dependents:
O	(b) (6)	6	Other:	□ M ZS
Y E E	8. Date of Hire (mm/dd/yyyy). 9. Date of (b) (6) (6)	Birth (mm/dd/yyyy):	s 1,0	
	11. Employer's Name: Newton Contract	ina	12. Federa	Tax I.D. Number: 3207191
E	13 Employer's Address (No., Street, City, State & Zip Cod		14. Emplo	ver's Telephone Number:
P	69 Howard Street	0.150		y Code (See Reverse Side):
L	water town, MA	2412		
Y	16. Workers' Compensation Insurance Carrier and Tel. No. Meadowbook Ins	(NOT LOCAL AGENT/ADMI)	NISTRATOR) 17. W.C. P	72707
E R	18. Self-insured? Yes No	Joi and	1	ss Type : Service Wholesale Mfg.
			☐ Re	tail Other
	20. DATE OF INJURY (mm/dd/yyyy):	9/16/ac		er's Case/Claim File No.:
I	21. Was Employee Injured on Employer's Premises?	IR	on of Injury if not on Em	DOULL, MIX
n N	23. FIRST day of Total or Partial Incapacity to Earn W (mm/dd/yyyy):	ages 24. FIFT (mm/dd/		al Incapacity to Earn Wages
RY	25. If Employee has Died, Date of Death (mm/dd/yyyy):		e of Injury (Chemicals, Nacera - 10v	Machinery, etc.):
FO	LUDWING IT GENERAT	or Dovery	Caught Lived Righ	Leg, Just below thee. 130 Date Reported as work related
R	28. Person to Whom Injury was Reported (list position):	P. Received	Reported (mm/dd/yyyy):	30. Date Reported as work related
A	Steve Mahoney-Fore	G C	1116/201	(mm/dd/yyyy): 09/16/2011
1	31. Injury Code(s) Body Part Code(s)	32. Witne	ess(es) to Injury - Give Fi	ill Name(s), if none state as such:
O N	a. 170 to body part a. 510	(b)	(6)	
	b. to body part b.			
	c. to body part c.			
	33. Has Employee Returned to Work? Yes No	34. Date	Employee Returned to W	A 20)
	35. Employee's Regular Occupation:			gular Occupation: Yes No
P	37. PREPARER'S Name (SEE INSTRUCTIONS ON REV	ERSE SIDE): 38. PREF	'ARER'S Title:	0 1 1
E	Suzanne Hagins	— H	dmin. He	ssistani
A R	39 PREDARÉR'S Signature (SEE INSTRIHATIONS ON R	EVERSE SIDE): 40. Date	Prepared (mm/dd/yyyy):	40a. PREPARER'S e-mail address:
E R		109	130 Jan 11	Bordin . Com

Disclosure 9: September 101 - Revised 7/2010 - Reproduced as needed.

THIS FORM DOES NOT CONSTITUTE AN EMPLOYEE'S CLAIM FOR BENEFITS UNDER WORKERS' COMPENSATION.

OUR FOREMAN AND EMPLOYEE ARE INSTRUCTED NOT TO FILL OUT ANY ADDITIONAL REPORTS. IF YOU REQUIRE INFORMATION ON ANOTHER FORM PLEASE CONTACT REBECCA KERWICK AT 401-331-2277 EXT. 261 TO AID IN COMPLETION. THANK YOU FOR YOUR COOPERATION.

[WHTE COPY - Corporate Safety Office]

[PINK COPY - GC/Site Safety]

[GREEN COPY - Employee Copy]

[YELLOW COPY - Medical Provider]

Employee Data: Name of I	Employee: (b) (6)		
Occupation: Carpenter	T	Social Securi	ty # (b) (6)
Home Address (b) (6)	Co		
Home Phone # (b) (6) (b) (6)		Other Phone #	SGMC.
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Metal Stud- What body parts (right or left) are Left foreal	involved?	95/1	
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POST INCIDENT REVIEW MEETING

Date of Review meeting: 3/18/2010

Project Name:	IRS Renovation Andover
Incident Date	3/19/10
Contractor/Subcontractor	DB Contractors Inc.

Meeting Attendees:

Neil Webster	Safety Director	Columbia Construction Company
100	Company Manager	DB Contractors
Brian Gauthier (b) (6)	Carpenter – injured ee	DB Contractors

Purpose of the Review

Neil Webster stated that the purpose of the meeting is to determine exactly what happened, how improvements can be made to prevent re-occurrence of the same and similar situations, and how the results can be communicated to assist in preventing re-occurrence of same or similar situations.

What happened

The injured ee was using a powder-actuated fastener tool (pistol gun-type) to fasten wood to a steel I-beam. The gun was firing intermittently, and the ee attempted to find the problem. The ee removed the fastener (nail) in the barrel, and was trying to reset the piston pin by pushing it against a piece of wood stock. The trigger also became frozen, and the ee then began pushing the end of the gun in with his left hand. Suddenly the pin released, striking the ee in the left palm.

The ee sustained an avulsion and a contusion to his left palm - medical treatment required.

Discussion of contributing factors to the incident

- Although the fastener was removed before the ee attempted to fix the tool, he did not remove the loads (shots).
- The ee acknowledged that the tool was not in very good shape, yet continued to use it.
- The situation was worsened due to the ee trying to free the jammed piston on the palm of his hand.

Improvement Plan

Brian Gauthier will contact the manufacturer's representative to conduct a training session for all the DB Contractor carpenters, and will arrange for the refresher course to be conducted annually.

DB will inventory all their tools in stock, including powder-actuated fastener tools, and repair or discard any tools that are not in perfectly working order.

How will results be communicated

Brian Gauthier will hold a DB Contractors safety meeting which will be mandatory for his employees. Power and hand tool safety will be discussed, along with safe ladder use, fall protection, and personal protective equipment. This incident will also be discussed as part of the training.

Brian will also confirm his commitment to safety and emphasize that broken or damaged tools cannot be used - he needs to be notified immediately if this condition is discovered by any of his employees.

Neil Webster, Safety Director for Columbia Construction Company, will also be in attendance at this meeting.